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Bib Data Sheet

CONFIRMATION NO. 4031

|   |   |                                   |   |   |
|---|---|-----------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/693,896  | <b>FILING OR 371(c) DATE</b><br>10/28/2003<br><b>RULE</b>   | <b>CLASS</b><br>438               | <b>GROUP ART UNIT</b><br>2813   | <b>ATTORNEY DOCKET NO.</b><br>CHEN3595/EM |
| <b>APPLICANTS</b><br>Jau-Shoung Chen, Jubei City, TAIWAN;<br>Su Tao, Kaohsiung, TAIWAN;   |   |                                   |   |   |
| <b>** CONTINUING DATA *****</b>   |   |                                   |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br>TAIWAN 091137392 12/25/2002   |   |                                   |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 01/28/2004</b>  |   |                                   |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance |   | <b>STATE OR COUNTRY</b><br>TAIWAN | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>13                 |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____  |   | <b>INDEPENDENT CLAIMS</b><br>1    |   |   |
| <b>ADDRESS</b><br>23364   |   |                                   |   |   |
| <b>TITLE</b><br>4/26/05 Wafer bumping process with solder balls bonded to under bump metallurgy layer formed over active surface by forming flux on solder ball surfaces and reflowing the solder                             |   |                                   |   |   |
| <b>FILING FEE RECEIVED</b><br>770   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |